



# APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR CERTIFICATION EXAMINATION

State Form 47289 (R2/4-99)

Approved by State Board of Accounts 1995

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

**NOTE:** A \$30.00 fee must be submitted with each application for certification. Applications must be signed by the individual, and his / her supervisor. Failure to file a properly completed application may result in the application being disapproved. **(APPLICATION FEE IS NONREFUNDABLE)**

This is an application for a Class: ( <i>circle one</i> )	Industrial	A-SO	A	B	C	D
	Municipal	I-SP	I	II	III	IV
Would you accept a lower classification if not eligible for Class circled above?						
<input type="checkbox"/> Yes <input type="checkbox"/> No						

FOR OFFICE USE	
Classification	
Status	
Location	
School	
Remarks:	

I. GENERAL INFORMATION ( <i>please type or print legibly</i> )		
A. Name of applicant ( <i>last, first, middle</i> )		
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		
B. Mailing address ( <i>number and street, city, county, state and ZIP code</i> )		
Office telephone number (       )		Home telephone number (       )
C. Date of birth	Social Security number *	* Your Social Security number is being requested by this state agency in order to expedite processing of your application. Disclosure is <b>voluntary</b> and you will not be penalized for refusal.
D. Have you ever applied for wastewater certification in Indiana before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	E. Are you presently a certified wastewater operator in Indiana?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give certification number and classification:		

II. EDUCATION AND TRAINING			
A. High school graduate?		Date of graduation:	If No, circle the highest grade completed:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED			7 8 9 10 11 12
Name and location of school:			
B. College graduate?		Degree	Major
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Date granted:		Name and location of college:	
<b>If you are applying for Class IV / Class D or for college experience substituted for work experience, transcripts must be enclosed.</b>			
C. Training course, short courses or other courses in wastewater field attended:			
1. Name of course:			
Name of school	Dates:	College units or class hours:	
2. Name of course:			
Name of school	Dates:	College units or class hours:	
3. Name of course:			
Name of school	Dates:	College units or class hours:	
<b>Copies of credit report forms or proof of attendance must be included.</b>			

III. EXPERIENCE HISTORY			
List your current assignment first. Show all experience in the wastewater treatment field. Positions of responsible charge should be listed separately. Show any related experience you feel is applicable.			
DATE (Month and Year)		POSITION TITLE AND JOB DUTIES	NAME OF FACILITY, CLASSIFICATION OF FACILITY, TYPE OF TREATMENT AND AVERAGE FLOW
FROM:	TO:		
		Position title	Name of facility
		Job duties	Classification of facility
			Type of treatment
			Average flow
		Position title	Name of facility
		Job duties	Classification of facility
			Type of treatment
			Average flow
		Position title	Name of facility
		Job duties	Classification of facility
			Type of treatment
			Average flow
		Position title	Name of facility
		Job duties	Classification of facility
			Type of treatment
			Average flow
		Position title	Name of facility
		Job duties	Classification of facility
			Type of treatment
			Average flow

**IV. RESPONSIBLE CHARGE EXPERIENCE (to be completed by Class III, IV, C, and D applicants only)**

List specific duties for positions of responsible charge. Additional sheets may be attached as necessary.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There is no handwriting or other markings on the paper.

**V. SIGNATURE OF APPLICANT**

I, the undersigned, certify that I am the above applicant; that all statements made and information regarding education, training, experience and responsible charge are true and correct to the best of my knowledge and belief; that I have listed all potentially affected parties, as defined by IC 4-21.5, to the best of my knowledge and if none are listed it signifies that none are known; that I understand that any omissions or misrepresentations may result in ineligibility for the examination applied for, revocation of any certificate granted or voiding a decision made regarding my application. I also consent to verification of my qualifications for the certificate for which I have applied.

Signature of applicant

Date (*month, day, year*)**VI. SIGNATURE OF APPLICANT'S SUPERVISOR**

I hereby certify the information contained in Section II and III of this application is true and correct to the best of my knowledge.

I have supervised this individual for \_\_\_\_\_ years.

Signature of Supervisor

Date (*month, day, year*)

Printed name of Supervisor

Title

Name of organization

Address (*number and street, city, state, ZIP code*)Telephone number (*include area code*)

The completed application, along with all required fees and attachments should be mailed to:

Cashier  
Indiana Department of Environmental Management  
100 North Senate  
P.O. Box 7060  
Indianapolis, Indiana 46207-7060

Please make all checks payable to the Indiana Department of Environmental Management.

**DO NOT SEND CASH.**